POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Precitioners associated with the Customer Number: 23623	Thereby revi 37 CFR 3,73	oke all previous powers of attorney.	given in the application identified	in the attached statement under						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	,~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	Practition	ners associated with the Customer Number:	23623							
es atomays) or agents) to represent the undersigned before the United States Petent and Treatement Office (USPTO) in connection with any and all patient applications assigned goldy to the undersigned according to the USPTO assignment records or assignment documents all adverted this form in accordance with 37 CPR 3.73(b) for USPTO assignment records or assignment documents all adverted to this form in accordance with 37 CPR 3.73(b) for The address as accisted with Customer Number: 23623 The address as accisted and Tresternet Linder 37 CFR 3.73(b) from PTO/Sales or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) from PTO/Sales or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) from PTO/Sales or equivalent) is required to be filled in each application in whi	OR									
as attorney(s) or agent(s) to represent the undersigned before the United States Petent and Tracrement Office (USPTO) in connection with early and all patents applications assigned grip to the undersigned according to the USPTO assignment records or essignment documents estitation by the form in accordance with 2 CFR 3 73(b) to: Please change the correspondence address for the application identified in the attached statement under 37 CFR 3 73(b) to: Premise	Predition	ner(s) named below (if more than ten patent	practitioners are to be named, then a cus	iomer number must be used):						
es attorney(s) or agentis) for apereusnit the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any end off patent applications assigned only to the undersigned according to the USPTO essignment records or essignment documents attached to this form in eccordance with 37 CFR 3.73(b). Prieses change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: The address associated with Customer Number: 23623 OR Throcy & Watson, LLP Address 127 Public Square, 57th Floor, Key Tower City Cleveland States Telephone (216) 696-8730 Email watson@thepaterizationieys.com Assignee Name and Address Triple Core Limited Liability Company 160 Greentree Drive, Suite 101 Dover, Delaware, 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Assignee of Record	***************************************	Name								
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OR Firm or Individual Name Throcy & Watson, LLP	Please change	the correspondence address for the applica	tion identified in the attached statement u	nder 37 CFR 3.73(b) to:						
OR Firm or Individual Name Turocy & Watson, LLP	ge]		72572							
Firm or Individual Name Address 127 Public Square, 57th Floor, Key Tower City Cleveland Courtry United States Telephone (216) 696-8730 Email watson@thepatentattomeys.com Assignee Name and Address. Triple Core Limited Liability Company 160 Greentree Drive, Suite 101 Dover, Delaware, 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.		iddress associated with Customer Number	23923							
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City Cleveland State Ohio Zip 44114	LJ Individu	ai Name Turocy & Watson, LLP								
Country United States Telephone (216) 696-8730 Email watson@thepatentattomeys.com Assignee Name and Address: Triple Core Limited Liability Company 160 Greentree Drive, Suite 101 Dover, Delaware, 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 2.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record	Address	127 Public Square, 57th Fl	127 Public Square, 57th Floor, Key Tower							
Telephone (216) 696-8730 Email: watson@thepatentattomeys.com Assignee Name and Address. Triple Core Limited Liability Company 160 Greentree Drive, Suite 101 Dover, Delaware, 19904 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/98 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled. SIGNATURE of Assignee of Record	Cty .	Cleveland	State Ohio	Zp 44114						
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The individual whose signature and title is supplied below is authorized to act on behalf of the assignee										
Signatura Data 9-10-2011	Signatura	and the second s	}	Date 9-10-2011						
Name Stephen(Finley) Telephone	Name St	ephen(Finley)		Telephone						
Tible Authorized Person for Triple Core Limited Liability Company	Title Ar	athonized Person for Vriple Core Lia	mited Liability Company							

This collection of information is required by 37 CFP 1.91, 1.92 and 1.93. The information is required to obtain or retain a benefit by the public which is in file (and by the USPTI) to process) an amplication. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to complete, including gathering, preparing, and submitting the completed application from to the USPTI). These will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this turden, should be sent to the Chef Information Officer.
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DECLARATION REGARDING AUTHORITY TO SIGN ON BEHALF OF A LEGAL ENTITY 37 C.F.R. 3.73(b)(2)(i)

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